In.8/3

ECI/EBS INTEGRATION COLLECTION WORKBOOK

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Company Name: _____

Schedule Number: _____

SO-1027 (September 1989)

L2.2:

READEX MICRO best copy available

NOTES

Data/Brochures Will Be Available: _____

HIT NO.	COMPANY TITLE	T/I	FT/PT	U/N
1				
2				
3				
4				
5				
6				
7				
8				

WORK SCHEDULE (ECI Page 0, EBS Page 2)

(Straight-time)

Plan name: _____

Hours per day: _____

Hours per week: _____

Weeks per year: _____

Is flextime provided? ☐ yes ☐ no

Non-fixed schedule? ☐ yes ☐ no

Date of expected change:

(Straight-time)

Plan name: _____

Hours per day: _____

Hours per week: _____

Weeks per year: _____

Is flextime provided? ☐ yes ☐ no

Non-fixed schedule? ☐ yes ☐ no

Date of expected change:

PAID LUNCH (EBS Page 4)

Plan name: _____

Minutes per day: _____

PAID LUNCH (EBS Page 4)

Plan name: _____

Minutes per day: _____

PAID REST TIME (EBS Page 5)

Plan name: _____

Minutes per day: _____

PAID REST TIME (EBS Page 5)

Plan name: _____

Minutes per day: _____

NOTES

Data/Brochures Will Be Available: _____

PREMIUM PAY (ECI Page 1)

Plan name: _____

Hours Distribution by Overtime Provision

		Hit No. 1	Hit No. 2	Hit No. 3	Hit No. 4	Hit No. 5	Hit No. 6	Hit No. 7	Hit No. 8
Type	Premiums	Annual Hours	Annual Hours	Annual Hours	Annual Hours	Annual Hours	Annual Hours	Annual Hours	Annual Hours
Daily after _____ hrs.	. X								
Weekly after _____ hrs.	. X								
Paid Holidays _____ X – 1X =	. X								
Weekends	. X								
Other (specify)	. X								
Other (specify)	. X								
Hit Empl.									

Guaranteed Overtime

No ☐ Yes ☐ (explain)

For work schedules less than 40 hrs/wk: Is there pay between hours scheduled and 40?

No ☐ Yes ☐ Date of expected change:

PREMIUM PAY (ECI Page 1)

Plan name: _____

Hours Distribution by Overtime Provision

		Hit No. 1	Hit No. 2	Hit No. 3	Hit No. 4	Hit No. 5	Hit No. 6	Hit No. 7	Hit No. 8
Type	Premiums	Annual Hours	Annual Hours	Annual Hours	Annual Hours	Annual Hours	Annual Hours	Annual Hours	Annual Hours
Daily after _____ hrs.	. X								
Weekly after _____ hrs.	. X								
Paid Holidays _____ X – 1X =	. X								
Weekends	. X								
Other (specify)	. X								
Other (specify)	. X								
Hit Empl.									

Guaranteed Overtime

No ☐ Yes ☐ (explain)

For work schedules less than 40 hrs/wk: Is there pay between hours scheduled and 40?

No ☐ Yes ☐ Date of expected change:

NOTES

Data/Brochures Will Be Available: _____

VACATION (ECI Page 2, EBS Page 6)

Plan name: _____

Formal ☐ Informal ☐

L.O.S. Eligibility: _____ _____

Vacation schedule:

Payment Basis:

Time _____

Percent _____

Other (explain) —

Carry over:	yes ☐	no ☐
Cash-in:	yes ☐	no ☐
Vacation bonus:	yes ☐	no ☐
Part of a leave bank:	yes ☐	no ☐

Date of expected change:

Plan name: _____

Formal ☐ Informal ☐

L.O.S. Eligibility: _____

Vacation schedule:

Payment Basis:

Time _____

Percent _____

Other (explain) —

Carry over:	yes ☐	no ☐
Cash-in:	yes ☐	no ☐
Vacation bonus:	yes ☐	no ☐
Part of a leave bank:	yes ☐	no ☐

Date of expected change:

NOTES

Data/Brochures Will Be Available: _____

Supplementary Vacation Sheet

Establishment Name

Control Number | As of (date)

Length of Service	Occupational Code				Length of Service					Length of Service
0-6 months					0-6 months					0-6 months
6 months					6 months					6 months
1 year					1 year					1 year
2 years					2 years					2 years
3 years					3 years					3 years
4 years					4 years					4 years
5 years					5 years					5 years
6 years					6 years					6 years
7 years					7 years					7 years
8 years					8 years					8 years
9 years					9 years					9 years
10 years					10 years					10 years
11 years					11 years					11 years
12 years					12 years					12 years
13 years					13 years					13 years
14 years					14 years					14 years
15 years					15 years					15 years
16 years					16 years					16 years
17 years					17 years					17 years
18 years					18 years					18 years
19 years					19 years					19 years
20 years					20 years					20 years
21 years					21 years					21 years
22 years					22 years					22 years
23 years					23 years					23 years
24 years					24 years					24 years
25 years					25 years					25 years
26 years					26 years					26 years
27 years					27 years					27 years
28 years					28 years					28 years
29 years					29 years					29 years
30 years					30 years					30 years
OCCUPATION EMPLOYMENT										

NOTES

Data/Brochures Will Be Available: _____

HOLIDAYS (ECI Page 3, EBS Page 10)

Plan name: _____

Formal ☐ Informal ☐

	Full Days	Half Days
Paid Days:	_____	_____
Unpaid Days:	_____	_____

What is the policy when a holiday falls on a scheduled day off, such as a Saturday or Sunday?

Holidays:	Paid	Unpaid
New Year's Eve	☐	☐
New Year's Day	☐	☐
Martin Luther King's Birthday	☐	☐
Washington's Birthday	☐	☐
Good Friday	☐	☐
Memorial Day	☐	☐
July 4th	☐	☐
Labor Day	☐	☐
Columbus Day	☐	☐
Election Day	☐	☐
Veteran's Day	☐	☐
Thanksgiving Day	☐	☐
Day after Thanksgiving	☐	☐
Christmas Eve	☐	☐
Christmas Day	☐	☐
Employee's Birthday	☐	☐
Floating	☐	☐
_____	☐	☐
_____	☐	☐

Date of expected change:

Plan name: _____

Formal ☐ Informal ☐

	Full Days	Half Days
Paid Days:	_____	_____
Unpaid Days:	_____	_____

What is the policy when a holiday falls on a scheduled day off, such as a Saturday or Sunday?

Holidays:	Paid	Unpaid
New Year's Eve	☐	☐
New Year's Day	☐	☐
Martin Luther King's Birthday	☐	☐
Washington's Birthday	☐	☐
Good Friday	☐	☐
Memorial Day	☐	☐
July 4th	☐	☐
Labor Day	☐	☐
Columbus Day	☐	☐
Election Day	☐	☐
Veteran's Day	☐	☐
Thanksgiving Day	☐	☐
Day after Thanksgiving	☐	☐
Christmas Eve	☐	☐
Christmas Day	☐	☐
Employee's Birthday	☐	☐
Floating	☐	☐
_____	☐	☐
_____	☐	☐

Date of expected change:

NOTES

Data/Brochures Will Be Available: _____

SICK LEAVE (ECI Page 4, EBS Page 16)

Plan name: _____

Formal ☐ Informal ☐

L.O.S. eligibility: _____

Days per year: _____

Days per illness: _____

As needed: _____

Other basis: _____

Sick Leave Schedule:

Waiting period: _____

Cash-in: yes ☐ no ☐

Carry over: yes ☐ no ☐

Maximum accumulation: _____

For what other purposes can Sick Leave be used?

☐ funerals ☐ personal leave

☐ doctor's appointment ☐ paternity

☐ maternity (post disability) ☐ sick child

☐ other:

USAGE

Hit Number	Paid Days	Unpaid Days
1		
2		
3		
4		
5		
6		
7		
8		

(Include unpaid days attributable to S & A)

Date of expected change:

Plan name: _____

Formal ☐ Informal ☐

L.O.S. eligibility: _____

Days per year: _____

Days per illness: _____

As needed: _____

Other basis: _____

Sick Leave Schedule:

Waiting period: _____

Cash-in: yes ☐ no ☐

Carry over: yes ☐ no ☐

Maximum accumulation: _____

For what other purposes can Sick Leave be used?

☐ funerals ☐ personal leave

☐ doctor's appointment ☐ paternity

☐ maternity (post disability) ☐ sick child

☐ other:

USAGE

Hit Number	Paid Days	Unpaid Days
1		
2		
3		
4		
5		
6		
7		
8		

(Include unpaid days attributable to S & A)

Date of expected change:

NOTES

Data/Brochures Will Be Available: _____

OTHER LEAVE (ECI Page 5, EBS Pages 12-15)

PLAN NAME:				PLAN NAME:		
Type of Leave	Informal (✓)	Policy Maximum	Eligibility	Informal (✓)	Policy Maximum	Eligibility
LWOP		days			days	
Personal		days			days	
Funeral		days			days	
Jury Duty		days			days	
Military		days			days	
Maternity (pd.)		days			days	
Maternity (unpd.)		days			days	
Maternity (part. pd.)		days			days	
Paternity (pd.)		days			days	
Paternity (unpd.)		days			days	
Paternity (part. pd.)		days			days	
Other (specify)		days			days	

Occupational Distribution								
	Hit No. 1	Hit No. 2	Hit No. 3	Hit No. 4	Hit No. 5	Hit No. 6	Hit No. 7	Hit No. 8
Type	Total Days	Total Days	Total Days	Total Days	Total Days	Total Days	Total Days	Total Days
LWOP								
Personal								
Funeral								
Jury Duty								
Military								
Maternity (pd.)								
Maternity (unpd.)								
Maternity (part. pd.)								
Paternity (pd.)								
Paternity (unpd.)								
Paternity (part. pd.)								
Other (specify)								

NOTES

Data/Brochures Will Be Available: _____

SHIFT DIFFERENTIALS (ECI Page 6)

Plan name: _____

Policy:

2nd Shift - _____

3rd Shift - _____

Other Shift - _____

No. of Workers on Shifts

Hit Number	1st	2nd	3rd	Other
1				
2				
3				
4				
5				
6				
7				
8				

Date of expected change:

Plan name: _____

Policy:

2nd Shift - _____

3rd Shift - _____

Other Shift - _____

No. of Workers on Shifts

Hit Number	1st	2nd	3rd	Other
1				
2				
3				
4				
5				
6				
7				
8				

Date of expected change:

NOTES

Data/Brochures Will Be Available: _____

NONPRODUCTION BONUSES (ECI Page 7, EBS Page 42)

Plan name: _____

Formal ☐ Informal ☐

Eligibility: _____

Provisions:

Cost:

Hit Number	EBS Eligibles:
1	
2	
3	
4	
5	
6	
7	
8	

Date of expected change:

Plan name: _____

Formal ☐ Informal ☐

Eligibility: _____

Provisions:

Cost:

Hit Number	EBS Eligibles:
1	
2	
3	
4	
5	
6	
7	
8	

Date of expected change:

NOTES

Data/Brochures Will Be Available: _____

SEVERANCE PAY (ECI Page 8, EBS Page 40)

Plan name: _____

Formal ☐ Informal ☐

Eligibility: _____

Provisions:

Cost:

Hit Number	EBS Eligibles:
1	
2	
3	
4	
5	
6	
7	
8	

Date of expected change:

Plan name: _____

Formal ☐ Informal ☐

Eligibility: _____

Provisions:

Cost:

Hit Number	EBS Eligibles:
1	
2	
3	
4	
5	
6	
7	
8	

Date of expected change:

NOTES

Data/Brochures Will Be Available: _____

SUPPLEMENTAL UNEMPLOYMENT (ECI Page 9, EBS Page 40)

Plan name: _____

Eligibility: _____

Provisions:

Cost:

Hit Number	EBS Eligibles:
1	
2	
3	
4	
5	
6	
7	
8	

Date of expected change:

Plan name: _____

Eligibility: _____

Provisions:

Cost:

Hit Number	EBS Eligibles:
1	
2	
3	
4	
5	
6	
7	
8	

Date of expected change:

NOTES

Data/Brochures Will Be Available: _____

FLEXIBLE BENEFIT PLANS AND REIMBURSEMENT ACCOUNTS (EBS Page 26)

Flexible benefit plan name: _____

Reimbursement account plan name: _____

Brochures provided:

yes ☐ no ☐ old brochure OK ☐ revisions enclosed ☐

Eligible Workers:

Hit Number	Flexible Benefits	Reimbursement Account
1		
2		
3		
4		
5		
6		
7		
8		

NOTES

Data/Brochures Will Be Available: _____

LIFE INSURANCE (ECI Page 10, EBS Page 28)

Plan name: _____ Carrier: _____

EIN: _____

Eligibility: _____ Plan number: _____

TYPE	DOLLAR COST PAID BY:		COVERAGE:				
	Company	Employee	Lump Sum Amount	Multiple of Salary	Ceiling	Rounded up	Rounded down
Life	$	$					
AD&D	$	$					
Supplemental Life	$	$					
Dependent Life	$	$					
Survivor Income	$	$					
	$	$					

TYPE	PARTICIPATION:							
	Hit Number 1	Hit Number 2	Hit Number 3	Hit Number 4	Hit Number 5	Hit Number 6	Hit Number 7	Hit Number 8
Life								
AD&D								
Supplemental Life								
Dependent Life								
Survivor Income								

Optional type: term ☐ group universal ☐ other _____

Retiree coverage: yes ☐ no ☐

Are retirement benefits reduced? yes ☐ no ☐ once ☐ more ☐

If no brochure, describe:

Cost paid by: retiree ☐ company ☐ jointly ☐

Brochures provided: yes ☐ no ☐ old brochure is ok ☐ revisions enclosed ☐

Date of expected change:

NOTES

Data/Brochures Will Be Available: _____

HEALTH INSURANCE (ECI Page 11, EBS Page 32)

Plan name & number: _____

EIN: _____

_____ Fee for service

_____ PPO

_____ HMO

_____ Dental

_____ Vision

_____ Prescriptions

_____

_____

Brochures Provided:

yes ☐ no ☐ old brochures ok ☐ revisions enclosed ☐

Eligibility: _____

Plan Name	COMPANY COST				EMPLOYEE COST			
	Empl Only	Empl + Spouse	Empl + 1 Dep.	Family	Empl Only	Empl + Spouse	Empl + 1 Dep.	Family

Usage: Plan _____

Hit Number	Empl Only	Empl + Spouse	Empl + 1 Dep.	Family	Not Part.
1					
2					
3					
4					
5					
6					
7					
8					

Usage: Plan _____

Hit Number	Empl Only	Empl + Spouse	Empl + 1 Dep.	Family	Not Part.
1					
2					
3					
4					
5					
6					
7					
8					

NOTES

Data/Brochures Will Be Available: _____

HEALTH INSURANCE (ECI Page 11, EBS Page 32)

Usage: Plan _____						Usage: Plan _____					
Hit Number	Empl Only	Empl + Spouse	Empl + 1 Dep.	Family	Not Part.	Hit Number	Empl Only	Empl + Spouse	Empl + 1 Dep.	Family	Not Part.
1						1					
2						2					
3						3					
4						4					
5						5					
6						6					
7						7					
8						8					

Retiree Provisions:

(Answer for retirees under age 65 and 65 and over)

	UNDER 65	65 AND OVER
Are retirees covered by plan?	yes ☐ no ☐	yes ☐ no ☐
Premium costs are paid by:	Retiree ☐	Retiree ☐
	Company ☐	Company ☐
	Both ☐	Both ☐
(Skip next two questions if you checked retiree paid above)		
Eligibility requirements:	_____	_____
After retirement, do benefits:	Increase ☐	Increase ☐
	Decrease ☐	Decrease ☐
	Same ☐	Same ☐

Date of expected change:

NOTES

Data/Brochures Will Be Available: _____

SICKNESS & ACCIDENT INSURANCE (ECI Page 12, EBS Page 20)

Plan name: _____

EIN: _____

Plan number: _____

Brochures provided:

yes ☐ no ☐

old brochure is OK ☐

revisions enclosed ☐

Cost: Employer _____

Employee _____

Participants:

Hit No. 1 _____

Hit No. 2 _____

Hit No. 3 _____

Hit No. 4 _____

Hit No. 5 _____

Hit No. 6 _____

Hit No. 7 _____

Hit No. 8 _____

NOTE: If no brochure provided, answer questions in box.

Coverage:

Pays _____ % of regular pay,

or $ _____ per _____.

Maximum Benefit ($/%) _____ per _____ for up

to _____ weeks.

Minimum Benefit ($/%) _____

Benefits begin after _____ days

Eligibility: _____

Carrier: _____

Date of expected change:

Plan name: _____

EIN: _____

Plan number: _____

Brochures provided:

yes ☐ no ☐

old brochure is OK ☐

revisions enclosed ☐

Cost: Employer _____

Employee _____

Participants:

Hit No. 1 _____

Hit No. 2 _____

Hit No. 3 _____

Hit No. 4 _____

Hit No. 5 _____

Hit No. 6 _____

Hit No. 7 _____

Hit No. 8 _____

NOTE: If no brochure provided, answer questions in box.

Coverage:

Pays _____ % of regular pay,

or $ _____ per _____.

Maximum Benefit ($/%) _____ per _____ for up

to _____ weeks.

Minimum Benefit ($/%) _____

Benefits begin after _____ days

Eligibility: _____

Carrier: _____

Date of expected change:

NOTES

Data/Brochures Will Be Available: _____

SICK LEAVE/SICKNESS AND ACCIDENT INSURANCE LINKAGE (EBS Page 20)

What are the names of the sick leave and sickness and accident plans that are linked?

How are the sick leave and the sickness and accident insurance linked? Which of the following cases best describes the establishment's policy?

- ☐ The S&A benefits begin after the Sick Leave runs out.
- ☐ The S&A benefits begin after a waiting period and the Sick Leave is cut off.
- ☐ The S&A benefits begin after a waiting period; Sick Leave is reduced by the S&A benefits.

NOTES

Data/Brochures Will Be Available: _____

LONG TERM DISABILITY INSURANCE (ECI Page 12, EBS Page 24)

Plan name: _____

EIN: _____

Plan number: _____

Brochures provided:

yes ☐ no ☐

old brochure is OK ☐

revisions enclosed ☐

Cost: Employer _____

Employee _____

Participants:

Hit No. 1 _____

Hit No. 2 _____

Hit No. 3 _____

Hit No. 4 _____

Hit No. 5 _____

Hit No. 6 _____

Hit No. 7 _____

Hit No. 8 _____

If no brochure provided, answer questions in box.

Eligibility: _____

Carrier: _____

Coverage:
Pays _____ % of regular pay,

or $ _____ per _____.

Ceiling: _____ per _____

Date of expected change:

Plan name: _____

EIN: _____

Plan number: _____

Brochures provided:

yes ☐ no ☐

old brochure is OK ☐

revisions enclosed ☐

Cost: Employer _____

Employee _____

Participants:

Hit No. 1 _____

Hit No. 2 _____

Hit No. 3 _____

Hit No. 4 _____

Hit No. 5 _____

Hit No. 6 _____

Hit No. 7 _____

Hit No. 8 _____

If no brochure provided, answer questions in box.

Eligibility: _____

Carrier: _____

Coverage:
Pays _____ % of regular pay,

or $ _____ per _____.

Ceiling: _____ per _____

Date of expected change:

NOTES

Data/Brochures Will Be Available: _____

RETIREMENT AND CAPITAL ACCUMULATION PLANS (ECI Page 13, EBS Page 36)

Plan name: _____

EIN: _____

☐ Defined Benefit ☐ Stock Plan

☐ Profit Sharing ☐ Money Purchase ☐ SEP ☐ Other

	COST:
Plan Name: Plan Number: Eligibility: Brochure: Date of Exp. Change:	
Plan Name: Plan Number: Eligibility: Brochure: Date of Exp. Change:	
Plan Name: Plan Number: Eligibility: Brochure: Date of Exp. Change:	
Plan Name: Plan Number: Eligibility: Brochure: Date of Exp. Change:	

PLAN TYPE	PARTICIPATION:							
	Hit Number 1	Hit Number 2	Hit Number 3	Hit Number 4	Hit Number 5	Hit Number 6	Hit Number 7	Hit Number 8

OOS Salary Reduction Plan								

(no employer match)

NOTES

Data/Brochures Will Be Available: _____

FOR DEFINED BENEFIT PENSION PLANS ONLY

How many post retirement increases or bonuses have there been in the past five years? (NON-COLA) Include booklets or describe.

Multi-employer pension plan? yes ☐ no ☐

If yes, what is the employer contribution?

NOTES

Data/Brochures Will Be Available: _____

SAVINGS AND THRIFT (ECI Page 14, EBS Page 36)

PLAN TYPE:

☐ 401(k) Plan

☐ Stock Plan
(OOS for ECI)

☐ Other:

	COST:
Plan Name: EIN Number: Plan Number: Eligibility: Brochure: Date of Exp. Change:	

If no brochure provided, answer questions in box.

Employees contribute up to _____ % of pay.

Pre-tax: _____ Yes _____ No

Employer matches up to _____ %

at a rate of _____ %

PLAN TYPE	PARTICIPATION:							
	Hit Number 1	Hit Number 2	Hit Number 3	Hit Number 4	Hit Number 5	Hit Number 6	Hit Number 7	Hit Number 8

NOTES

Data/Brochures Will Be Available: _____

SOCIAL SECURITY (ECI Page 15)

Are **ALL** workers covered by **full** Social Security? yes ☐ no ☐
(If No, answer **A and B. If tipped employees are present, answer C.)**

A. If less than 100%, how many or what percent are only covered by **full** Social Security.

Hit Number	Social Security
1	
2	
3	
4	
5	
6	
7	
8	

B. For government workers not covered bby **full** Social Security, how many workers or what peercentage of workers are covered by medicare **only**?

Hit Number	Medicaare
1	
2	
3	
4	
5	
6	
7	
8	

C. For tipped employees:

Hit Number	Average Wages Paid (see 3038B)	Average Tips Repoorted
1		
2		
3		
4		
5		
6		
7		
8		

NOTES

Data/Brochures Will Be Available: _____

FEDERAL UNEMPLOYMENT TAX ACT (ECI Page 19)

FUTA Coverage: yes ☐ no ☐

STATE UNEMPLOYMENT INSURANCE (ECI Page 20)

Are employees covered by State Unemployment Insurance? yes ☐ no ☐

RATE:

Add-on rate, if any:

For Tipped Employees:

Does the employer pay for State U.I. coverage based on:

☐ wages paid

☐ wages paid plus tip credit

☐ wages paid plus tips received

For Government/Non-profit Unit:

If a reimbursement plan:

Expenditure - _____

Gross payroll - _____

Date of expected change: _____

NOTES

Data/Brochures Will Be Available: _____

WORKERS' COMPENSATION (ECI Page 21)

Participation, W.C. Codes, & Tax Rates

Enter the Workers' Compensation code and relevant tax rate information for each quote.

	Hit Number 1	Hit Number 2	Hit Number 3	Hit Number 4	Hit Number 5	Hit Number 6	Hit Number 7	Hit Number 8
W.C. Code								
Rate								
Experience Modifier								
Premium Discount								
Other								
Adjusted Rate								

For a Reimbursable Account plan:

Expenditure - _____

Gross payroll - _____

Date of expected change: _____

NOTES

Data/Brochures Will Be Available: _____

OTHER LEGALLY REQUIRED BENEFITS (ECI Page 22, EBS Page 20)

Temporary Disability Insurance: (NY and NJ Only)

☐ state plan ☐ private carrier ☐ self-insured

rate: _____

ceiling: _____

expenditure: _____

gross payroll: _____

Employee deduction made? ☐ yes ☐ no
NY: 1/2% of earnings; maximum is 60¢ per week.
NJ: 1/2% of earnings up to SUI ceiling.

Black Lung Benefits Revenue Act:

tax rate: _____

max. cents per ton: _____

underground tons mined: _____

surface tons mined: _____

coal price: underground - _____

surface - _____

number of employees: _____

NOTES

Data/Brochures Will Be Available: _____

ADDITIONAL BENEFITS (EBS Pages 40-47)

HOW MANY WORKERS IN EACH HIT ARE **ELIGIBLE** FOR THE FOLLOWING BENEFITS?

RELOCATION ALLOWANCE
Full or partial moving related expenses paid for transferred or newly hired employees. ☐ all ☐ none

Hit Number 1	Hit Number 2	Hit Number 3	Hit Number 4	Hit Number 5	Hit Number 6	Hit Number 7	Hit Number 8

EDUCATIONAL ASSISTANCE (WORK AND NON-WORK RELATED)
W - Full or partial payment of tuition/books for job related training.
N W - Same as above but not related to employee's job. ☐ all ☐ none

Hit Number 1	Hit Number 2	Hit Number 3	Hit Number 4	Hit Number 5	Hit Number 6	Hit Number 7	Hit Number 8
W							
NW							

PARKING
Parking provided free or at below commercial rates to employees. ☐ all ☐ none

Hit Number 1	Hit Number 2	Hit Number i	Hit Number 4	Hit Number 5	Hit Number 6	Hit Number 7	Hit Number 8

SUBSIDIZED COMMUTING
Commuting costs, except parking, fully/partially provided to employees. ☐ all ☐ none

Hit Number 1	Hit Number 2	Hit Number 3	Hit Number 4	Hit Number 5	Hit Number 6	Hit Number 7	Hit Number 8

TRAVEL ACCIDENT INSURANCE
Provides death and dismemberment insurance while employees are on business trips. ☐ all ☐ none

Hit Number 1	Hit Number 2	Hit Number 3	Hit Number 4	Hit Number 5	Hit Number 6	Hit Number 7	Hit Number 8

FINANCIAL COUNSELING
Personal investment and retirement counseling is provided to employees. ☐ all ☐ none

Hit Number 1	Hit Number 2	Hit Number 3	Hit Number 4	Hit Number 5	Hit Number 6	Hit Number 7	Hit Number 8

LEGAL SERVICES
Company pays legal costs for specified services provided to employees. ☐ all ☐ none

Hit Number 1	Hit Number 2	Hit Number 3	Hit Number 4	Hit Number 5	Hit Number 6	Hit Number 7	Hit Number 8

NOTES

Data/Brochures Will Be Available: _____

ADDITIONAL BENEFITS (EBS Pages 49-47)

HOW MANY WORKERS IN EACH HIT ARE **ELIGIBLE** FOR THE FOLLOWING BENEFITS?

CHILD CARE
Employer provides full or partial payment of employee's child care expenses. ☐ all ☐ none

Hit Number 1	Hit Number 2	Hit Number 3	Hit Number 4	Hit Number 5	Hit Number 6	Hit Number 7	Hit Number 8

ADOPTION ASSISTANCE
Employer provides full or partial payment of employee's adoption related costs. ☐ all ☐ none

Hit Number 1	Hit Number 2	Hit Number 3	Hit Number 4	Hit Number 5	Hit Number 6	Hit Number 7	Hit Number 8

ELDER CARE
Paid or unpaid time off or employer paid/subsidized day care for sick parents or other elderly dependents. ☐ all ☐ none

Hit Number 1	Hit Number 2	Hit Number 3	Hit Number 4	Hit Number 5	Hit Number 6	Hit Number 7	Hit Number 8

LONG-TERM CARE INSURANCE
Insurance that pays all or partially for long-term (> 1 yr.) custodial, home, or nursing home care.
(May be employee paid.) ☐ all ☐ none

Hit Number 1	Hit Number 2	Hit Number 3	Hit Number 4	Hit Number 5	Hit Number 6	Hit Number 7	Hit Number 8

IN-HOUSE INFIRMARY
Employer pays physicians or nurses to provide examinations, care, or medication on company premises. ☐ all ☐ none

Hit Number 1	Hit Number 2	Hit Number 3	Hit Number 4	Hit Number 5	Hit Number 6	Hit Number 7	Hit Number 8

WELLNESS PROGRAMS
Full or partial payment for wellness programs. ☐ all ☐ none

Hit Number 1	Hit Number 2	Hit Number 3	Hit Number 4	Hit Number 5	Hit Number 6	Hit Number 7	Hit Number 8

EMPLOYEE ASSISTANCE PROGRAMS
Full or partial payment of structured programs providing counseling and referral services
concerning alcoholism, drug abuse, marital, financial, emotional, and legal problems. ☐ all ☐ none

Hit Number 1	Hit Number 2	Hit Number 3	Hit Number 4	Hit Number 5	Hit Number 6	Hit Number 7	Hit Number 8

NOTES

Data/Brochures Will Be Available: _____

ADDITIONAL BENEFITS (EBS Pages 40-47)

HOW MANY WORKERS IN EACH HIT ARE **ELIGIBLE** FOR THE FOLLOWING BENEFITS?

RECREATIONAL FACILITIES
Full or partial payment of recreational facilities; provided on or off site. ☐ all ☐ none

Hit Number 1	Hit Number 2	Hit Number 3	Hit Number 4	Hit Number 5	Hit Number 6	Hit Number 7	Hit Number 8

SUBSIDIZED MEALS
Full or partial payment for cost of employee meals; provided on or off site. ☐ all ☐ none

Hit Number 1	Hit Number 2	Hit Number 3	Hit Number 4	Hit Number 5	Hit Number 6	Hit Number 7	Hit Number 8

SABBATICAL LEAVE
Leave of absence for study, research, etc., with full or partial pay, or unpaid, if benefits are continued. ☐ all ☐ none

Hit Number 1	Hit Number 2	Hit Number 3	Hit Number 4	Hit Number 5	Hit Number 6	Hit Number 7	Hit Number 8

GIFTS
Non-cash bonuses worth more than $25.00, and given regularly. (Private sector only.) ☐ all ☐ none

Hit Number 1	Hit Number 2	Hit Number 3	Hit Number 4	Hit Number 5	Hit Number 6	Hit Number 7	Hit Number 8

EMPLOYEE DISCOUNTS
Employees may purchase company goods or services below regular selling prices. (Private sector only.) ☐ all ☐ none

Hit Number 1	Hit Number 2	Hit Number 3	Hit Number 4	Hit Number 5	Hit Number 6	Hit Number 7	Hit Number 8

NOTES